2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State DOCUMENT # 600658 JOSEPH C. BRETTNER, JR., INC. 02-01-2001 90007 019 ***150.00 Principal Place of Business Mailing Address 14820 RUE DE BAYONNE #602 14820 RUE DE BAYONNE #602 CLEARWATER FL 33762 CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1227622 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEFTER, J. BAIRD Street Address (P.O. Box Number is Not Acceptable) 696 FIRST AVE., N.#201 ST PETERSBURG FL 33701 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PD ☐ Delete TITLE Change TITLE NAME NAME BRETTNER, MARY S STREET ADDRESS STREET ADDRESS **14820 RUE DE BAYONNE 602** CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BRETTNER, CHRISTOPHER S STREET ADDRESS STREET ADDRESS 6180 SUNDOWN DR CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME NOVAK, PEGGY STREET ADDRESS STREET ADORESS 14431 SAND PIPER CIRCLE CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

FILED

1-25-01 727-573-7613